## STATEMENT OF ORGANIZATION

| FOR POLITICAL ACTION COMMITTEES AND PARTY GOMMITTE  | FFC                      |  |
|---|--------------------------|--|
| FIL   |                          |  |
| (See Reverse Side For Instructions)   | 0 2018                   |  |
| This is a (check one) Party Committee Political Action Committee  |                          |  |
| This is an (check one) Initial Statement Amended Statement SECRETARY  | CONTRACTOR CONTRACTOR ST |  |
| COMMITTEE (PLEASE TYPE OR PRINT)  |                          |  |
| Name Ellsworth County Demarate Party  |                          |  |
| Mailing Address (Street, City, State, Zip Code)  No. Pox 83, 126 N. N. Wylas, Ellaws (4567439(785) 472-3186                   |                          |  |
| CHAIRPERSON   |                          |  |
| Name Patrick Hoffman Home Telephone (185) 472-395   | 4                        |  |
| Mailing Address (Street, City, State, Zip Code)  Business Telephone  1.0.150x 83, 126 N. Dovsla 3, Ellswith (567439(785) 47)- |                          |  |
| TREASURER   |                          |  |
| Name Geneva Schneider (785) 531-1419  |                          |  |
| Mailing Address (Street, City, State, Zip Code)  1965 Ave K. Kowalis KS 67439  Business Telephone (785) 531-1419              |                          |  |
| AFFILIATED OR CONNECTED ORGANIZATIONS   |                          |  |
| Name Name   |                          |  |
| Mailing Address (Street, City, State, Zip Code)   |                          |  |
| If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors. |                          |  |
| in not connected of arrinated with an organization, identity the trade, profession, or primary interest of the co             |                          |  |
|   |                          |  |
| SIGNATURE: "I declare that this statement has been examined by me and to the best of my knowledge and                         |                          |  |
| belief is true, correct and complete. I understand that the intentional failure to file this document                         |                          |  |
| or intentionally filing a false document is a class A misdemeanor?  |                          |  |
| (Date) (Signature of Chairperson)   |                          |  |
| Governmental Ethics Commission  | Rev.2000                 |  |

## STATEMENT OF ORGANIZATION

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

| (See Reverse Side For I   | nstructions)  Religion Action Completes FILED |  |
|---|---|--|
| This is a (check one) Party Committee   | Pontical Action Complities                    |  |
| This is an (check one) Initial Statement  | Amended Statement AUG 25 2016                 |  |
| COLUMN TARESTA  | 100   |  |
| COMMITTEE (PLEASE TYPE OR   | PRINT)  KRIS W KOBACH SECRETARY OF STATE      |  |
| Name F/1/sworth County  |   |  |
| Mailing Address (Street, City, State, Zip Code) P. O. 130x 453 6/16 worth   | Business Telephone                            |  |
| 1. 0. 130x 400 KITOWOY M  | ( 103,412,3130                                |  |
| CHAIRPERSON   |   |  |
| Name Clara E Mc Coy   | Home Telephone (185) 472 - 3430               |  |
| Name Clara E Mc Coy  Mailing Address (Street, City, State, Zip Code)  P.O. Box 453 E1/5 worth   | 67439 Business Telephone                      |  |
| TREASURER / Secretary   |   |  |
| Name Schucialas   | Home Telephone                                |  |
| Name Geneva L. Schneiden  Mailing Address (Street, City, State, Zip Code)  1965 Ave K Kanopolis KS6   | Pusiness Telephone (Cell) 7454 (785) 531-1419 |  |
| ,   | Vice Chairman:                                |  |
| Name  | *   |  |
| Mailing Address (Street, City, State, Zip Code)   | 785-531-0194                                  |  |
| Mailing Address (Street, City, State, Zip Code)  1355 Hwy 156 Ellswa  | orth Ks 67439                                 |  |
| If not connected or affiliated with an organization, identify the trace   |   |  |
|   |   |  |
| SIGNATURE: "I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor." |   |  |
| $\frac{8-19-2016}{\text{(Date)}}$ (Signature)   | re of Chairperson)                            |  |
| Governmental Ethics Commission  | Rev 2000                                      |  |